

U.S. DEPARTMENT OF AGRICULTURE  
OFFICE OF CIVIL RIGHTS  
EMPLOYMENT COMPLAINTS DIVISION  
INFORMAL COMPLAINT OF DISCRIMINATION  
INITIAL INTAKE

Sample #3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ (Mr. Ms. Dr.)  
Social Security Number: \_\_\_\_\_ Service Computation Date: \_\_\_\_\_  
Status: Career \_\_\_\_\_ Career-Conditional \_\_\_\_\_ Temporary \_\_\_\_\_ Former Employee-Reinstatement  
Eligible \_\_\_\_\_ Reemployed Annuitant \_\_\_\_\_ Special Appointment \_\_\_\_\_ Applicant \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Anonymity: Yes \_\_\_\_\_ No \_\_\_\_\_  
Title/Series/Grade: \_\_\_\_\_  
Organization (USDA Employees Only): \_\_\_\_\_ State: \_\_\_\_\_  
Work Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Responsible Agency: \_\_\_\_\_ State: \_\_\_\_\_  
Case Type: Individual \_\_\_\_\_ Class \_\_\_\_\_  
Date of Action: \_\_\_\_\_ Date of Contact: \_\_\_\_\_  
Counselor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Basis: \_\_\_\_\_ Race: \_\_\_\_\_  
A. Age: (D.O.B.) \_\_\_\_\_ A. American Indian/Alaskan  
B. Color: \_\_\_\_\_ B. Asian American/Pacific Islander  
C. National Origin: \_\_\_\_\_ C. Black  
D. Religion: \_\_\_\_\_ D. White  
E. Reprisal: \_\_\_\_\_ E. Hispanic  
F. Physical Disability: Specify \_\_\_\_\_  
G. Mental Disability: Specify \_\_\_\_\_  
H. Sex: Male \_\_\_\_\_ I. Sex: Female \_\_\_\_\_  
J. Race: \_\_\_\_\_

Issue:

A. Appointment/Hire	J. Examination/Test	R. Retirement
B. Assignment of Duties	K. Evaluation/Appraisal	S. Time and Attendance
C. Awards	L. Harassment/Non-Sexual	T. Training
D. Demotion	M. Harassment/Sexual	U. Terms/Conditions of Employment
E. Reprimand	N. Promotion/Non-Selection	V. Other-Reasonable Accommodations
F. Suspension	O. Reassignment Denied	W. Other
G. Termination	P. Reassignment Direct	
H. Duty Hours	Q. Reinstatement	
I. Equal Pay Act Violation		

Responding Official: \_\_\_\_\_ Telephone Number: \_\_\_\_\_